



JULIE L. RODEWALD COUNTY CLERK

Please type or print in ink.

NAME OF FILER (LAST) PATTERSON (FIRST) JAMES (MIDDLE) RENFRO
12 MAR 14 AM 11:35
DEPUTY CLERK

1. Office, Agency, or Court

Agency Name

COUNTY OF SAN LUIS OBISPO

Division, Board, Department, District, if applicable

BOARD OF SUPERVISORS

Your Position

SUPERVISOR

► If filing for multiple positions, list below or on an attachment.

Agency: Local Agency Formation Comm.

Position: Commissioner

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Multi-County

☐ City of

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ County of SAN LUIS OBISPO

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ Assuming Office: Date assumed ____/____/____

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ The period covered is ____/____/____, through the date of leaving office.

☒ Candidate: Election Year 2012

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

5

I have used all reasonable diligence in preparing this statement. I have reviewed the herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed March 7, 2012 (month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	<i>James R. Patterson</i>

► NAME OF SOURCE
CA Mid State Fair

ADDRESS (Business Address Acceptable)
Paso Robles CA 93447

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07/20/11</u>	<u>\$100.</u>	<u>2 passes</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
Atascadero Wine Festival

ADDRESS (Business Address Acceptable)
P.O. Box 1862 Atascadero CA 93423

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06/25/11</u>	<u>\$120.</u>	<u>Tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

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<u> / / </u>	<u>\$ </u>	<u> </u>

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<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____